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| <b>SERIAL NUMBER</b><br>10/766,357 | <b>FILING OR 371(c) DATE</b><br>01/28/2004<br><b>RULE</b> | <b>CLASS</b><br>222 | <b>GROUP ART UNIT</b><br>3754 | <b>ATTORNEY DOCKET NO.</b><br>1104-764 |
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *No*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *No*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/17/2004

|   |                                    |                     |                    |                         |
|---|------------------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR COUNTRY<br>UNITED KINGDOM | SHEETS DRAWING<br>8 | TOTAL CLAIMS<br>33 | INDEPENDENT CLAIMS<br>2 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                    |                     |                    |                         |
| Verified and Acknowledged<br>Examiner's Signature <i>[Signature]</i> Initials <i>[M]</i>  |                                    |                     |                    |                         |

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## TITLE

Child-resistant fluid dispensing pump

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|------------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>1004 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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